DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled RESORBABLE SURGICAL FIXATION DEVICE

was filed in the United States with amendment(s) filed on	es amendment(s) filed on (if aps s on as Application No. (for de (if applicable) al Application No. on and wand understand the contents of information known to me to be fits under Title 35, United St so identified below any foreign	ras amended under of the above idention to pate attention at the attention of the attention at the attention	er PCT A ified app entability a)-(d) of	Article 19 on (if application, including to your as defined in Title	he claims, 37, Code tion(s) for	of Federa	al r inventor's
EARLIEST FOREIGN	APPLICATION(S), IF ANY	, FILED PRIOR	то тні	E FILING DATE O	F THE AP	PLICAT	ION
APPLICATION NUMBER	COUNTRY		DATE OF FILING (day, month, year)		PRIORITY CLAIMED		
					YES 🗆		NO □
					YES □		NO 🗆
I hereby claim the benefit under Ti	tle 35, United States Code, §1	19(e) of any Unit	ed State	s provisional applic	ation(s) lis	sted belo	w.
PROVISIONAL APP	LICATION NUMBER			FILING	DATE		
I hereby claim the benefit under Ti matter of each of the claims of this paragraph of Title 35, United State as defined in Title 37, Code of Fed national or PCT international filing	application is not disclosed in s Code §112, I acknowledge the eral Regulations, §1.56 which	the prior United he duty to disclos	States a e inform	pplication in the manation known to me	nner provi which is n	ided by the naterial t	he first o patentability
NON-PROVISIONAL	FILING DATE	STATUS					
APPLICATION SERIAL NO.		PATENTE	PATENTED PENDING			ABANDONED	

(1)

for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

OF INVENTOR	Vaughen	Douglas				
RESIDENCE & CITIZENSHIP	Downingtown	state or foreign country Pennsylvania	COUNTRY OF CITIZENS USA	COUNTRY OF CITIZENSHIP USA		
POCE OFFICE	STREET	CITY	STATE OR COUNTRY	ZIP CODE		
ADDRESS	885 S. York Drive	Downingtown	Pennsylvania	19335		
	SIGNATURE OF INVENTOR 201		DATE			
FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME .			
OF INVENTOR	Lanza	Joseph	Α.			
RESIDENCE &	CITY West Chester	STATE OR FOREIGN COUNTRY Pennsylvania		COUNTRY OF CITIZENSHIP		
CITIZENSIIII				1		
POST OFFICE ADDRESS	1235 Highgate Road	West Chester	Pennsylvania	21P CODE 19380		
	SIGNATURE OF INVENTOR 202	DATE				
FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME			
OF INVENTOR	Zwirnmann	Ralph	F.			
RESIDENCE & CITIZENSHIP	CITY Roslyn	state or foreign country Pennsylvania	COUNTRY OF CITIZENSHIP USA			
POST OFFICE ADDRESS	STREET 1591 Edgewood Avenue	CITY Roslyn	STATE OR COUNTRY Pennsylvania	ZIP CODE 19001-1520		
	SIGNATURE OF INVENTOR 203		DATE			
FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME			
RESIDENCE & CITIZENSHIP	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
POST OFFICE ADDRESS			STATE OR COUNTRY	ZIP CODE		
	SIGNATURE OF INVENTOR 204	DATE				
FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME			
RESIDENCE & CITIZENSHIP	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
POST OFFICE ADDRESS	STREET	СІТУ	STATE OR COUNTRY	ZIP CODE		
	SIGNATURE OF INVENTOR 205		DATE	1		
	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	POST OFFICE ADDRESS SIGNATURE OF INVENTOR 201 FULL NAME OF INVENTOR LAIZA RESIDENCE & CITY POST OFFICE ADDRESS FULL NAME OF INVENTOR 202 FULL NAME OF INVENTOR 202 FULL NAME OF INVENTOR 203 FULL NAME OF INVENTOR 204 FULL NAME OF INVENTOR 204	POST OFFICE ADDRESS SIGNATURE OF INVENTOR 201 FULL NAME OF INVENTOR LAZINAME LAZINAME LAZINAME LAZINAME CITY West Chester POST OFFICE ADDRESS FULL NAME OF INVENTOR LAZINAME LAZINAME CITY West Chester FULL NAME OF INVENTOR CITY COUNTRY Pennsylvania FULL NAME OF INVENTOR CITY STREET CITY CITY CITY CITY CITY CITY CITY CIT	POST OFFICE ADDRESS SIGNATURE OF INVENTOR 201 FULL NAME OF INVENTOR 1201 FULL NAME OF INVENTOR 1201 FULL NAME OF INVENTOR 1202 FULL NAME OF INVENTOR 1203 SIGNATURE OF INVENTOR 202 FULL NAME OF INVENTOR 203 FULL NAME OF INVENTOR 204 FULL NAME OF INVENTO		